

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street, Room 1130  
Sacramento, CA 95814  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://caag.state.ca.us/charities/>

2001  
**REGISTRATION/RENEWAL FEE REPORT**

TO ATTORNEY GENERAL OF CALIFORNIA  
Sections 12586 and 12587, California Government Code  
11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period will result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1 (recently enacted).

**RRF-1 EXTENSIONS WILL NOT BE GRANTED**

②

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number 02362 *GL*

Check if:

- ☐ Change of address  
☐ Initial report  
☐ Amended report  
☐ Final report

TRAVELERS AID SOCIETY OF SACRAMENTO

Name of Organization

450 WEST EL CAMINO AVENUE

Address (Number and Street)

SACRAMENTO, CA 95833-2201

City or Town, State and ZIP Code

Corporate or Organization No. D-0194887

Federal Employer I.D. No. 94-1167423

**PART A - ACTIVITIES**

	Yes	No
1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a) If the answer is yes, you are required by Title 11 of the California Code of Regulations, sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.		
2. For your most recent full accounting period (beginning <u>7/01/00</u> ending <u>6/30/01</u> ) list: Gross receipts \$ <u>382,216</u> Total assets \$ <u>28,072</u> Actual <input type="checkbox"/> Estimated <input checked="" type="checkbox"/>		

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <u>SEE STATEMENT 1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 916-929-1975

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

*Elnor F. Tillson*  
Signature of authorized officer

Elnor F. Tillson;  
Printed Name

Executive Director; 10/29/2001  
Title Date

## REGISTRATION/RENEWAL FEE REPORT

During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.

### FEMA

Local FEMA Board  
ATT: Martha Baker  
Mailing Address: 909 12<sup>th</sup> Street, Suite 200  
Sacramento, California 95814  
Phone number: (916) 447-7063

### HUD

Department of Human Assistance  
ATT: Linda Shaw  
Mailing Address: 1590 A Street  
Sacramento, California 95814  
Phone number: (916) 874-4333